Complete and send this form, together with applicable fee(s), to: Mail

03/

Mail Stop ISSUE FEE
Commissioner for Patents

MAR 0 8 2006	· (원)	Alexa or Fax (571)				O. Box 1450 exandria, Virginia 22313-1450 /1) 273-2885			
INSTRUCTIONS: This indicated fluid appropriate. All further indicated fluid and proceed maintenance fee notification	m should be used for tran respondence including the selow or directed otherwise as.	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and rders and noti a) specifying	PUBLIC ification a new co	CATION FEE (if required of maintenance fees worrespondence address;	ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sep	hould be completed where correspondence address as arate "FEE ADDRESS" for		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 26722 7590 12/09/2005					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.				
OSHA LIANG/MI ONE HOUSTON CENTER SUITE 2800 10/2102 FAIRLY T 20770164 10664573					Cer I hereby certify that th States Postal Service v addressed to the Mai	rtificate of Mailing or Transits Fee(s) Transmittal is bein with sufficient postage for fit I Stop ISSUE FEE address TO (571) 273-2885, on the control of th	g deposited with the United st class mail in an enveloped above, or being facsimile		
	70004 10064573				Staci		(Depositor's name)		
FC:1501 FC:1504	1400.00 OP 300.00 OP				Xtaci 3/8	0. Harry	(Signature) (Date)		
APPLICATION NO.	FILING DATE		FIRST NAME	D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/664,573	09/17/2003	09/17/2003 Robert Schle				11836.0737.NPUS02	4592		
TITLE OF INVENTION: M	SMALL ENTITY						DATE SUE		
		ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE		
nonprovisional		NO \$1400			\$300	\$1700	03/09/2006		
EXAMINER AI		ART UN	ART UNIT		ASS-SUBCLASS				
SUCHFIELD, GEORGE A 36		3676	175-064000						
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
	RESIDENCE DATA TO B	E PRINTED ON 1				•	· · · · · · · · · · · · · · · · · · ·		
					•• .	ee is identified below, the d	ocument has been filed for		
(A) NAME OF ASSIGNE	BE .	(B) RESIDENC	E: (CIT	Y and STATE OR COU	JNTRY)			
M-I L.L.C. HOUSTON, TEXAS									
Please check the appropriate	assignee category or categor	ries (will not be pr	inted on the p	atent) :	☐ Individual 🚨 Co	orporation or other private gro	oup entity Government		
4a. The following fec(s) are	enclosed:	45	. Payment of	Fee(s):	,				
Issue Fee					nount of the fee(s) is en-				
☑ Publication Fee (No small entity discount permitted) ☑ Payment by credit card. Form PTO-2038 is attached ☑ Advance Order - # of Copies ☒ The Director is hereby authorized by charge the remaining the properties of the pro									
☐ Advance Order - # of	Copies		Deposit Acco	ctor is hount Nur	ereby authorized by character 50-050	narge the required fee(s), or (enclose an extra c	credit any overpayment, to opy of this form).		
	(from status indicated above MALL ENTITY status. See 3	•	☐ b. Applic	ant is no	longer claiming SMAI	LL ENTITY status. See 37 C	FR 1.27(g)(2).		
The Director of the USPTO in NOTE: The Issue Fee and Punterest as shown by the reco	s requested to apply the Issu ablication Fee (if required) w rds of the United States Pate	e Fee and Publicate Fee and Publicate Fee and Publicate Fee and Trademark				y paid issue fee to the applica stered attorney or agent; or th			
Authorized Signature	15.By	v —			Date	March 8, 2006			

Registration No.

Typed or printed name

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

0 8 2006 W Under the Paperwork Reduction Act of 1	995. no person are required to	U.S. Patent	Appro and Tradema	oved for use through ark Office; U.S. DEF on unless it displays	7/31/2006. (PARTMENT C	O/SB/17 (01-06) OMB 0651-0032 OF COMMERCE control number	
97/	Complete if Known						
	Application Number 10/664,573-C			nf. #4592			
FEE TRANSI	Filing Date		September 17, 2003				
For FY 20			Robert F. Schlemmer				
		Examiner Name		Not Yet Assigned			
Applicant claims small entity statu	Applicant claims small entity status. See 37 CFR 1.27						
TOTAL AMOUNT OF PAYMENT	Art Unit 3676 Attorney Docket No. 05542/060002						
TOTAL AMOUNT OF PAYMENT (\$) 1,700.00 Attorney Docket No. 05542/060002 METHOD OF PAYMENT (check all that apply)							
Check x Credit Card	Money Order No	ne Other (p	olease ident	ify):			
x Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha Liang LLP							
For the above-identified depo				k all that apply)			
Charge fee(s) indicated				licated below, ex	cept for ti	ne filing fee	
Charge any additional fe	ee(s) or underpayment of 16 and 1.17	x Credit	any overpa	ayments			
FEE CALCULATION (All the fee	es below are due upo	n filing or may	be subje	ct to a surcha	irge.)		
1. BASIC FILING, SEARCH, AND EX						_	
	Small Entity	ARCH FEES Small Entity		IATION FEES Small Entity			
Application Type Fee (\$)			Fee (\$) 200	<u>Fee (\$)</u> 100	Fees F	Paid (\$)	
Utility 300	150 500						
Design 200	100 100		130	65 80			
Plant 200	100 300		160	80			
Reissue 300	150 500		600 0	300 0			
Provisional 200	100 0	U	U	U		Small Entity	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reiss)	.o.c)				Fee (\$)	Small Entity Fee (\$) 25	
Each independent claim over 3 (including Keisst	•				200	100	
Multiple dependent claims	iding reissues)				360	180	
Total Claims Extra Claims	Fee (\$) Fee	Paid (\$)	Mı	ultipie Depende			
	=				Fee Pald (\$	3)	
HP = highest numer of total claims paid for, it							
Indep. Claims Extra Claims		Pald (\$)					
HP = highest numer of independent claims p							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets - 100 =		additional 50 or frac (round up to a who			Fee	Paid (\$)	
4. OTHER FEE(S)	-				Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 1504 Publication fee for early, voluntary, or normal 300.00							
SUBMITTED BY							
Signature	· 2 -	Registration No. (Attorney/Agent)	45,925	Telephone	(713) 22	8-8600	
Name (Print/Type) Jeffrey St. Bergma	n	,	"	Date	March 8	, 2006	
	- (-)						

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV841964916US, on the date shown below in an envelope addressed to:				
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.				
Dated: March 8, 2006	Signature: Mari U. Harris Staci V. Harris)			



hereby certify that this paper (along with any paper referred to as being attached of enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV841964916US, on the date shown below in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: March 8, 2006

Signature: Stace Ha

Docket No.: 05542/060002

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Robert F. Schlemmer

Application No.: 10/664,573

Group Art Unit: 3676

Filed: September 17, 2003

Examiner: Not Yet Assigned

For: MEMBRANE FORMING IN-SITU

POLYMERIZATION FOR WATER BASED

DRILLING FLUID

TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

- 1. Part B Fee(s) Transmittal (1 page)
- 2. Fee Transmittal (1 page)
- 3. Pay by Credit Card. Form PTO-2038 attached (1 page)
- 4. Return postcard.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in

Application No.: 10/664,573 Docket No.: 05542/060002

this application by this firm) to our Deposit Account No. 50-0591, under Order No. 05542/060002. A duplicate copy of this paper is enclosed.

Dated: March 8, 2006

Respectfully submitted,

Jeffrey S. Bergman

Registration No.: (45,925 OSHA · LIANG DLP)

1221 McKinney St., Suite 2800

Houston, Texas 77010

(713) 228-8600

140304

2